

**Massachusetts Property Insurance Underwriting Association  
Rhode Island Joint Reinsurance Association**

LETTER OF INTENT

Date: \_\_\_\_\_

File Policy No.: \_\_\_\_\_

Applicant/Insured: \_\_\_\_\_

\_\_\_\_\_

Location of Property: \_\_\_\_\_

\_\_\_\_\_

Date Rehabilitation will commence: \_\_\_\_\_

Work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate dollar amount to be invested: \_\_\_\_\_

Approximate completion date will be: \_\_\_\_\_

Intended future occupancy of building will be: \_\_\_\_\_

\_\_\_\_\_

Building will be occupied on: \_\_\_\_\_

(State Date)

Signature of Applicant/Insured: \_\_\_\_\_